

FORM 105

(Revised 10-16-96)

ARCHITECTURE & ENGINEERING DIVISION PERSONNEL EXPENSE SHEET

DATE:

FIRM NAME:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NO.: _____

FAX NO.: _____

THE FOLLOWING ARE CATEGORIES OF EMPLOYEES WITHIN AN ARCHITECT/ENGINEER'S OFFICE. PLEASE
SUPPLY THOSE BILLING RATES THAT APPLY TO YOUR FIRM:

CATEGORIES	NAME	HOURLY RATE
PRINCIPAL (\$)		
PROJECT MANAGER		
ENGINEER		
ENGINEER IN TRAINING		
ARCHITECT		
AIT		
CONSTRUCTION INSPECTOR		
CAAD OPERATOR		
OTHER:		

CATEGORIES	NUMBER IN CREW	HOURLY RATE
CONSTRUCTION STAKING		
FIELD SURVEY		
TOPOGRAPHIC SURVEY		
CLERICAL		
MILEAGE (MAX. \$.30)		
PER DIEM/PER DAY		